

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000029596

Entity Name: ALLIED PORTABLES, LLC**Current Principal Place of Business:**3043 CANAL ST
FT MYERS, FL 33916**Current Mailing Address:**P O BOX 61809
FT MYERS, FL 33906 US**FEI Number:** 26-4556128**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYUSA, MICHAEL F
2077 FIRST STREET
SUITE 201
FORT MYERS, FL 33901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHAEL KAYUSA

02/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** PRESIDENT, TREASURER,
AUTHORIZED MEMBER**Name** ADAMSON, CHESTER L**Address** 3043 CANAL ST**City-State-Zip:** FORT MYERS FL 33916**Title** SECRETARY OF THE CORPORATION,
MANAGER**Name** ADAMSON, MARIA M**Address** 2700 EVANS AVE, FORT MYERS
33901**City-State-Zip:** FT MYERS FL 33916**Title** MGR**Name** ADAMSON, TODD**Address** 2700 EVANS AVE, FORT MYERS
33901**City-State-Zip:** FORT MYERS FL 33916

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD ADAMSON**TITLE** MGR.

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date